

Woodbridge Promise College Prep Program

Application Instructions/Checklist & Authorization to Release Information

2016-17

High School Student Application Instructions/Checklist

The high school student should complete and submit the following:

STEP 1-Pre-College Programs Online Application (free) available online at www.ferris.edu/woodbridgepromise

STEP 2-The Authorization to Disclose Information form located at the bottom of this page.

- Students must check the box authorizing the release of information to the high school and counselor
- Students should check the boxes authorizing Ferris State to discuss financial obligations and academic records.

The online application and Authorization to Disclose Information form should be submitted by **May 31, 2016**.

Incomplete application packets will NOT be accepted.

High School Guidance Counselor Application Instructions

The high school counselor/guidance office should submit the following application materials:

- The student's current high school transcript
- The student's test scores (acceptable test scores include ACT, PLAN, SAT, PSAT, EXPLORE, MME, or COMPASS).
- The Authorization to Disclose Information form located at the bottom of this page

Application packets must be emailed to woodbridgepromise@ferris.edu by **May 31, 2016**.

Do not fax application materials.

Incomplete application packets will NOT be accepted.



AUTHORIZATION TO DISCLOSE INFORMATION (Family Educational Rights and Privacy Act)

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student education records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

THIS AUTHORIZATION MAY BE CANCELED AT ANY TIME.

Any previous requests will be null and void with the submittal of this form.

For WOODBRIDGE PROMISE COLLEGE PREP PROGRAM STUDENTS.

*Indicates Required Fields

*Date: _____

*Student Name: _____

*Release information to: (check appropriate box and list name)

*High School and Counselor: _____

Mother only: Name: _____

Father only: Name: _____

Either Parent: Both Names: _____

Other: (Specify Name and relationship): _____

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL A SIGNED REQUEST IS RECEIVED FROM THE STUDENT TO CANCEL IT.

*I authorize Ferris State University to discuss all aspects of my financial obligations/status, financial holds and any other charges incurred or payment made on my behalf with the individual(s) shown above.

*I authorize Ferris State University to discuss all aspects of my academic records including grades, grade point averages, class schedules, etc., with the individual(s) shown above.

* _____ *

Signature of Student

Date

PLEASE SCAN AND EMAIL ALL NECESSARY DOCUMENTS TO woodbridgepromise@ferris.edu.